


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 743747 1. Entity Name FOXFIRE WEST HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4950 HUBNER CIR SARASOTA, FL 34241 US	Mailing Address 46 NORTH WASHINGTON BLVD. SUITE 1 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



03292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2651738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LPS CORPORATE SERVICES INC
46 N. WASHINGTON BLVD.
STE 1
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BERKERY, LARRY 4938 HUBNER CIRCLE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTHE, PHIL 4950 HUBNER CIRCLE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VORBECK, MICK 4965 HUBNER CIR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEPHENS, KEN 4971 HUBNER CIR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

00000947102
05/30/08-80075-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: April 26 2008 Daytime Phone #: 941 356-9482